

activity in established type II collagen arthritis. D-penicillamine and levamisole did not reduce inflammation or reduce radiologically assessed joint erosion, nor did they modify the antibody titre to type II collagen. Levamisole did not modify the delayed hypersensitivity reaction to type II collagen. Dexamethasone, in contrast, markedly reduced inflammation and joint erosion and reduced both the antibody titre and delayed hypersensitivity to type II collagen. The non-steroidal anti-inflammatory drug indomethacin reduced inflammation significantly but not the other above-mentioned parameters.

These findings suggested to us that type II collagen arthritis, whilst being an experimental model of arthritis of considerable interest, did not exhibit a novel sensitivity to several clinically effective anti-rheumatic drugs. However it has recently been demonstrated that D-penicillamine dosed at 200 mg/kg significantly reduced joint destruction in established type II collagen arthritis in the absence of a direct anti-inflammatory activity (Sloboda *et al.* 1981). Whilst the relevance of this activity seen at a dose of D-penicillamine 10 to 20 fold higher than the currently employed clinical dosages for rheumatoid arthritis is likely to be debated, there is little doubt that this finding will stimulate further interest in this animal model of arthritis.

Yours sincerely

ANTHONY J KENNEDY
11 June 1981

References

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(1980) *Arthritis and Rheumatism* 23, 932-936
Sloboda A E, Birnbaum J E, Oronsky A L & Kerwar S S
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Is 'an' before 'h' still justified?

From Dr G C R Morris

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Dear Sir, The appearance of 'an heroic procedure' on p 304 (line 13 up), 'an historical...note' on p 306 (title) and 'an hotel-keeper' on p 374 (line 19 up) in the April and May issues of the *Journal of the Royal Society of Medicine* suggests an editorial desire to follow an old school-book practice – using 'an' before a sounded 'h' when the first syllable is unstressed.

May I invite you to consider whether that practice is justified? It was obsolescent when the first fascicle of the OED was published, nearly a century ago: the first page shows that the compilers preferred to discard it. Moreover, it seems to be dangerous. Scientific and other periodicals can be tempted to put 'an' before any long word beginning with 'h' ('an hypotonic', 'an heterometric', 'an horizontal', for example) – and then before short ones too, with results as absurd as 'an Home Office statement', 'an hollow oak' and 'an Health Service bed'.

Why not the simple and logical rule that 'an' is to be used only before a vowel sound?

Yours sincerely

G C R MORRIS

12 June 1981

* Although my preference for the use of 'an' is the same as that of Dr Morris, I would not be prepared to impose it on those who prefer the other practice. I do not believe that the exercise of editorial discretion in this matter will lead to any absurd results.—Ed.

Book reviews

Symposium on Nutrition. S H Davies (ed)

(Publication No. 53) pp 123

Royal College of Physicians of Edinburgh 1980

This report of a two-day symposium should whet the appetite of those who do not normally consider nutrition to be part of preventive medicine. A number of topics relating various aspects of medicine to nutrition are dealt with. For example, Professor Dickerson deals with the neglected subject of the interrelationship of drugs with nutrition: food influences the effectiveness of many drugs, drugs affect nutritional status, and nutritional status can influence the metabolism of drugs.

It is likely that readers are better informed

about the nutrition of the fetus and the elderly and the relationship to dental health. The increasing number of the elderly focuses attention on the lecture by Professor Exton-Smith, who points out that malnutrition in the elderly is multifactorial in origin and so illustrates the breadth of the subject encompassed by the term 'nutrition'.

In writing of diabetes Dr Joyce Baird points out that despite the widely held belief it is difficult to find hard published evidence that diet therapy is the basis of the successful treatment of all categories of diabetic patients. It is important to bear in mind that everything adds up to 100%, so that a diet high in any constituent must be correspondingly low in something else (only the